



POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) PROGRAM

"HOW ARE WE DOING?"

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Director, Force Health Readiness

Health Affairs/TMA/Deployment Health Support Directorate

Force Health Protection Conference

10 August 2006



Health Protection

Retirement/
Separation &
Beyond

Transit

Operation

Re-Deployment

Deployed

Pre-Deployment

In Garrison

Annual Preventive
Health Assessment
or Sep/Retirement

Post-Deployment
Reassessment

Accession

Population Health

Extending the Value of Post-deployment Health Surveillance

- Post-Deployment Health Re-assessment (PDHRA)
 - Physical
 - Psychosocial
 - Environmental Concerns
 - Functional status
 - Referral for further evaluation



PDHRA Process

- WHO: re-deployed service members (Army, Air Force, Navy, & Marines, all components)
 - OCONUS: OIF, OEF, & Other Locations
 - CONUS: Katrina responders
- WHAT: Outreach to re-deployed service members
- WHEN: 90-180 days after re-deployment
- WHERE: PDHRA implemented at the unit level
- WHY: Extend the continuum of outreach and referral for necessary health services following re-deployment



Who is involved in PDHRA?

Agency	Plan/Coordinate Outreach Programming	Report/Evaluate PDHRA Processes	Provide Direct Services to re-deployed member	Conduct follow-up tracking for referred service members	Provide funding to assist in data collection/service member contact
Army, Air Force, Navy/Marines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TMA			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LHI/Feds_Heal			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Force Health Protection & Readiness		<input checked="" type="checkbox"/>			
Veterans Administration			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



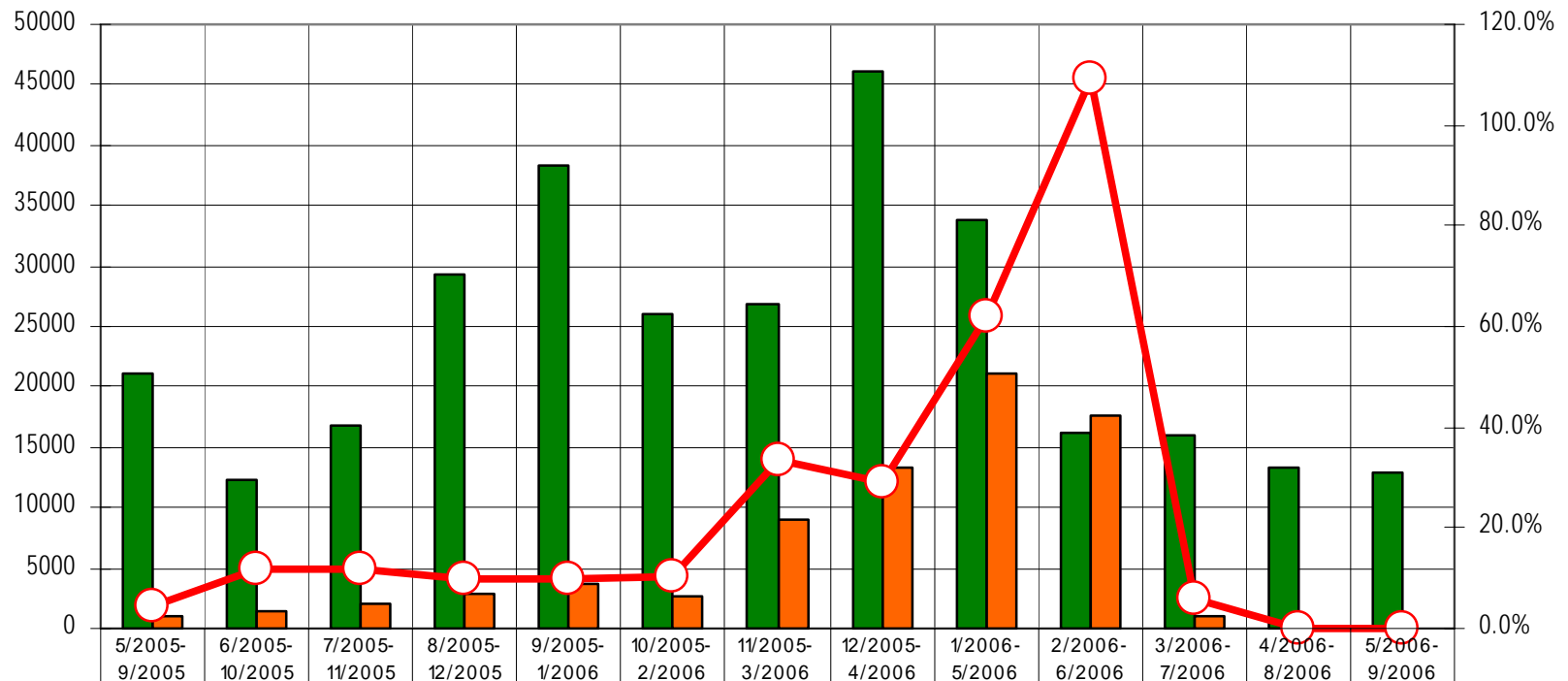
Challenges We Face...

- All re-deployed service members must complete the PDHRA process (about 300,000 eligible in 2006)
- Coordinate healthcare access and benefits for those who need help
- Track outcomes of PDHRA referrals (referral appointments kept, referred to appropriate care, symptoms addressed in a timely way)



PDHRA Cohort: Current Tracking

■ PDHA Cohort ■ PDHRA Cohort ○ Percent Complete



■ PDHA Cohort	21061	12215	16834	29322	38296	26020	26755	46188	33913	16140	15954	13218	12949
■ PDHRA Cohort	979	1418	1955	2892	3775	2664	8914	13304	21075	17600	950	0	0
○ Percent Complete	4.6%	11.6%	11.6%	9.9%	9.9%	10.2%	33.3%	28.8%	62.1%	109.0%	6.0%	0.0%	0



PDHRA Cohort: 'What if?'

■ To be Completed PDHRAs
 ■ Cumulative Completed PDHRAs

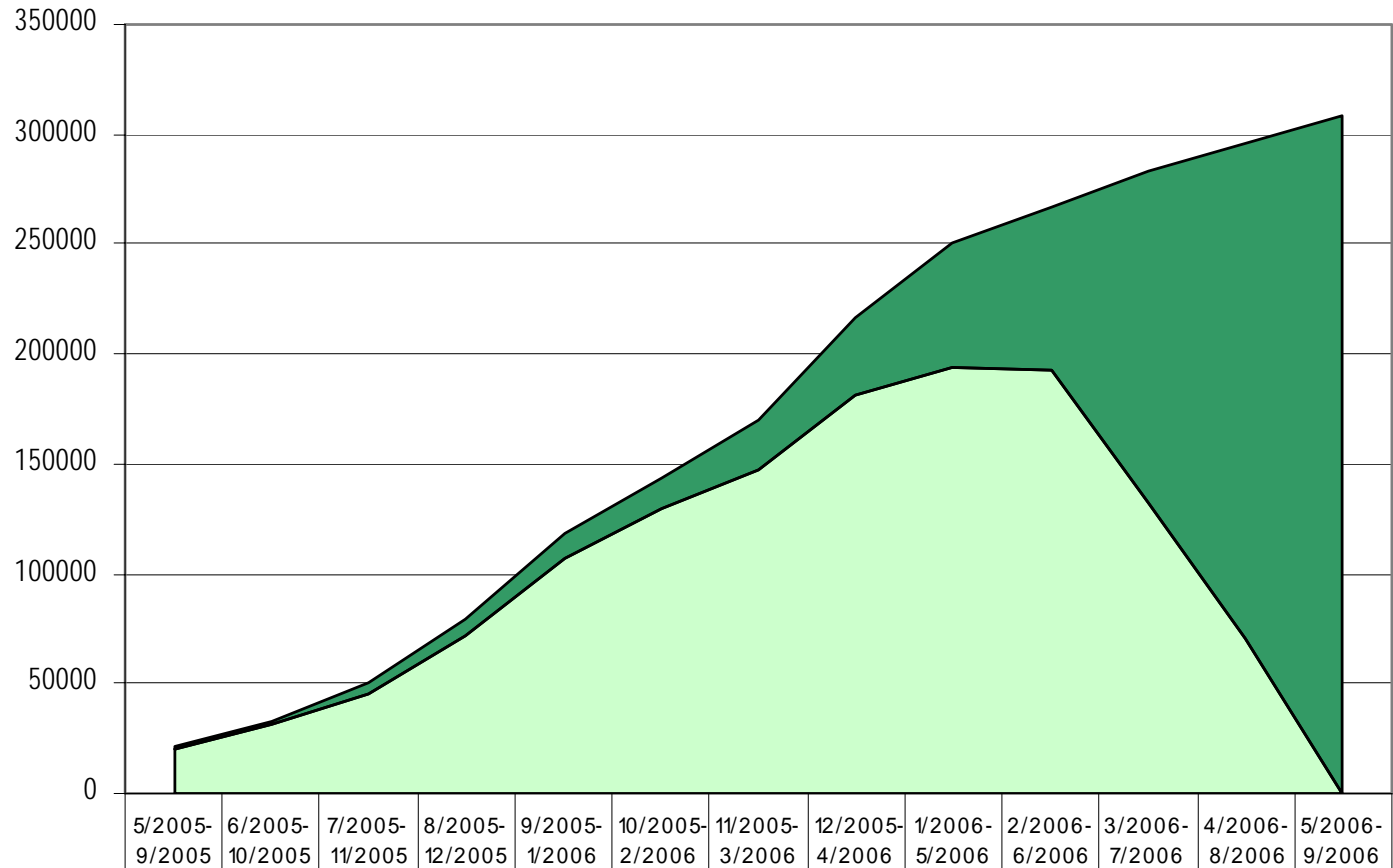
ASSUMPTIONS:

Month and Projected PDHRAs

Jul-06: 75,950

Aug-06: 75,000

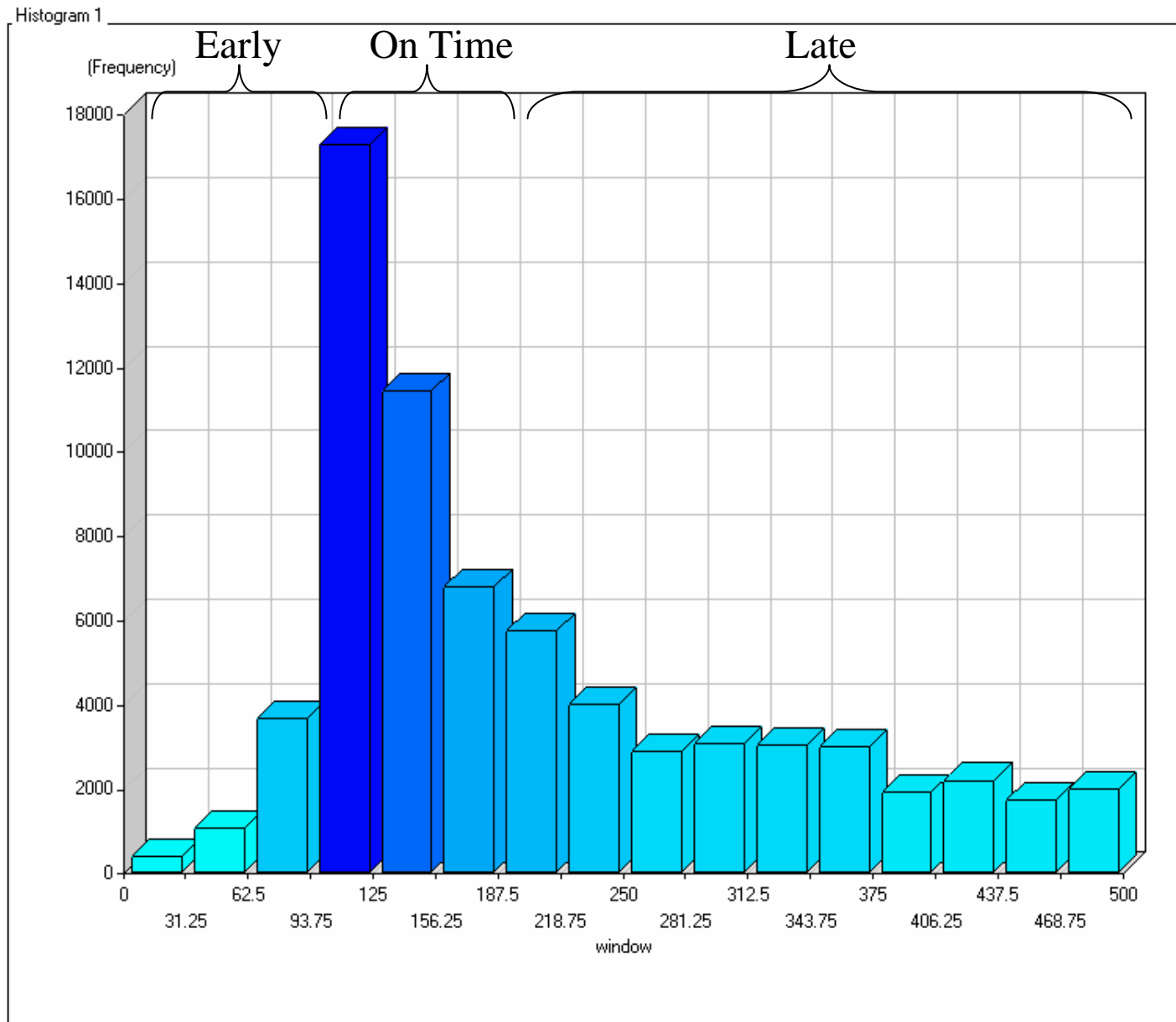
Sep-06: 83,339



Cumulative Completed PDHRAs	979	2397	4352	7244	11019	13683	22597	35901	56976	74576	150526	225526	308865
To be Completed PDHRAs	20082	30879	45758	72188	106709	130065	147906	180790	193628	192168	132172	70390	0



When are PDHRAs Done?



Early Results

- 75,619 assessments completed as of 11 Jul 06
- Results (rounded)
 - 29,000 (38%) no health concerns
 - 26,000 (34.5%) report a mental health concern
 - 39,000 (52%) report a health or injury concern
 - 26,000 (34%) report both physical and mental health concerns
 - 7,500 (10%) identified alcohol concerns
 - 13,000 (18%) requested a referral



DMSS Data Jun 05 – July 11, 2006

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Provider Review Patterns

Symptoms, Concerns, Referrals

- Health Care provider reviews concerns with service member
- Provides education, guidance, decision support
- Makes referral for further diagnostic evaluation or treatments, as indicated
- 19,974 (26.4%) of total received at least one provider referral
- Most frequent symptoms: 16% sleep/fatigue; 15% back pain; 10% joints
- Of the referrals:

9% Physical health concerns

6% Mental health concerns

Depression symptoms

**Interpersonal, family conflict
or readjustment concerns**

Anger concerns

<1% Alcohol-related concerns

<1% Urgent Care

12.5% Primary Care

8% Mental Health

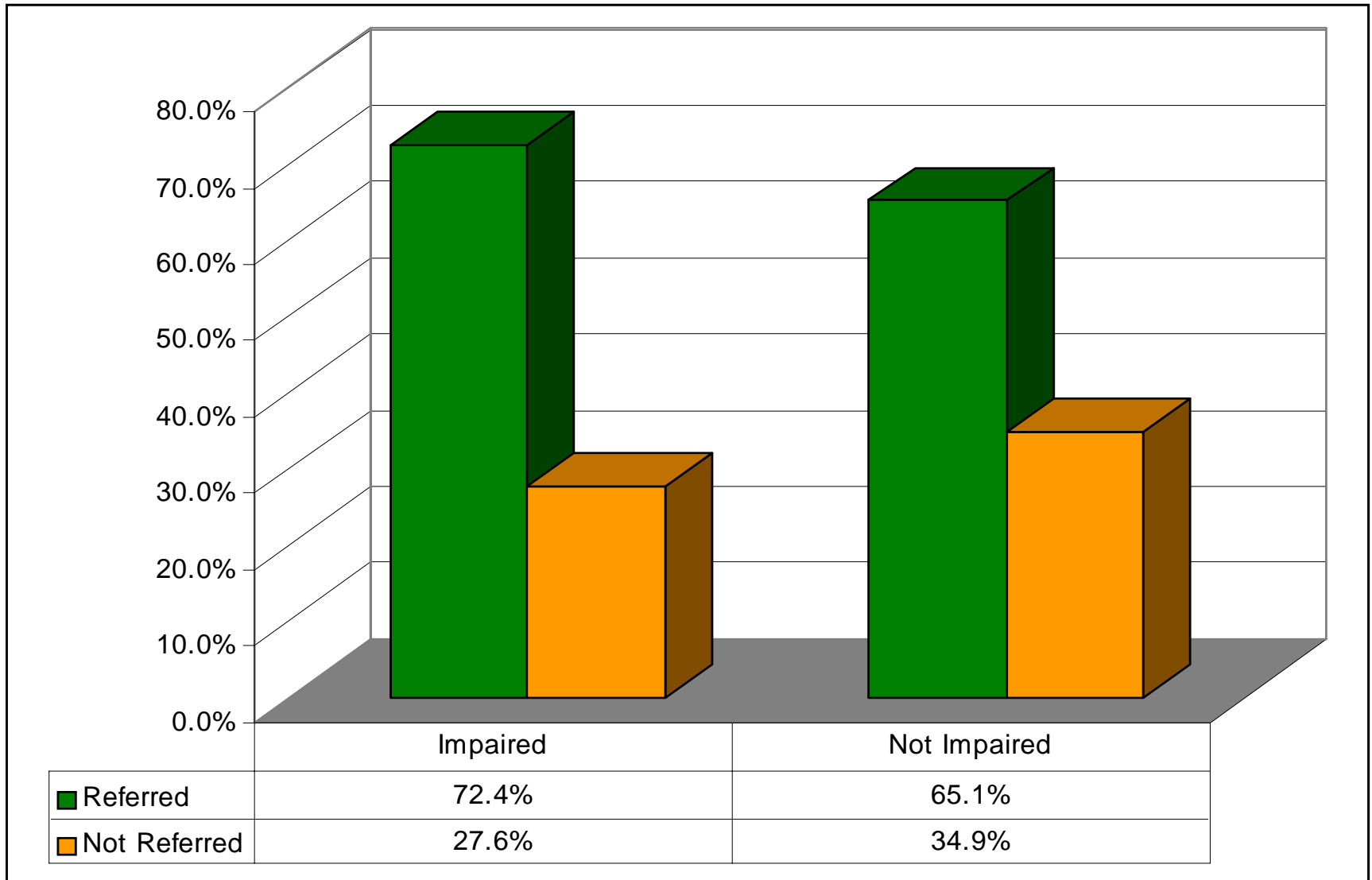
2.5% Pre-clinical

DMSS Data Jun 05 – July 11, 2006

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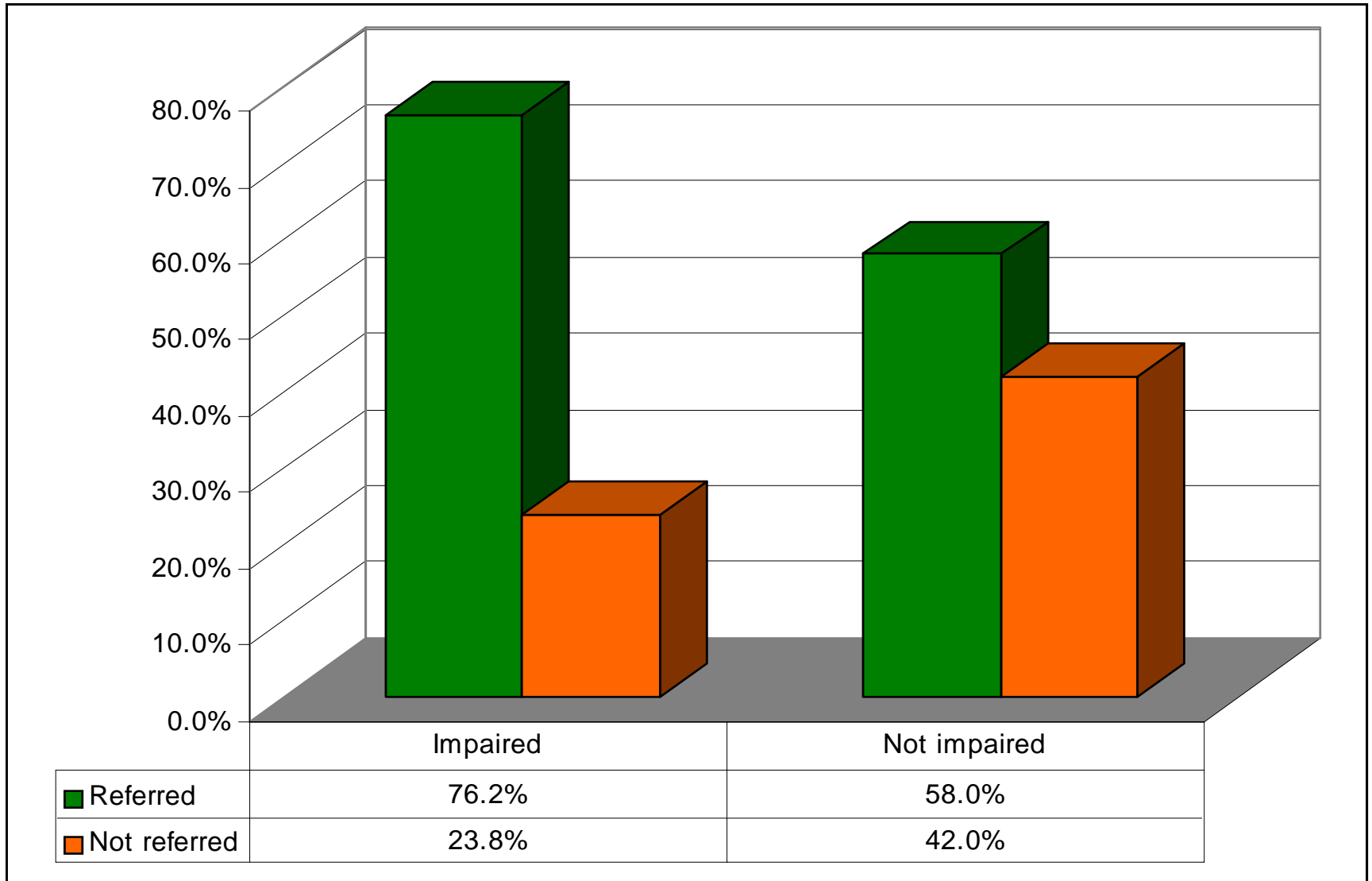
Effect of Perceived Impairment on Provider Referral

SM endorses 3 or 4 symptoms of PTSD



Effect of Perceived Impairment on Provider Referral

SM endorses 1 or 2 symptoms of alcohol abuse



Where are we going?

- ‘Bridge’ funding for services in FY06
- Interagency agreement (MOU) with VA
- ‘Line of Duty’ (LOD) Business Rules
- Identify strategies for contacting ‘backlog’ and ‘pre-backlog’ groups
- Evaluate the strength of effectiveness tied to the PDHRA (John Snow, INC)
- Optimize PDHRA processes (referral, follow-up, use of clinical practice guidelines, etc.)



Discussion & Questions

Backup Material



Clinical Practice Guidelines

<http://www.qmo.amedd.army.mil/depress/depress.htm>

Address <http://www.qmo.amedd.army.mil/depress/depress.htm>

U.S. Army MEDCOM
Quality Management Office

MAJOR DEPRESSIVE DISORDER

To email comments, questions or concerns regarding this practice guideline or tool kit, [click here](#).

NEW Personnel-in-Distress Guides Published

The Air Force Suicide Prevention Program has produced a new guide for recognizing and assisting with distress-related behaviors. The guide covers 35 stress-related topics and provides checklists and recommended actions. Similar guidance for Marines is available. Click below for more information.

[Air Force](#) [Marines](#)

NEW Depressive Detection and Management in the Direct Care System

Free approved CME, CNE, PA and General Credit CEUs offered.

[Click here for more information](#)

Major Depressive Disorder Treatment in the Military Health System

A National Quality Management Program Special Study

VA/DoD CLINICAL PRACTICE GUIDELINE ON THE MANAGEMENT OF MAJOR DEPRESSIVE DISORDER IN ADULTS

SATELLITE BROADCAST
Wednesday, 4 September, 2002 1300-1500 Eastern Time

[Syllabus / Handouts](#)

[Introduction to MDD](#)

[Major Depressive Disorder](#)

[Improving Care for Depression in Primary Care Settings](#)

[Key Practice Guideline Elements](#)

SUICIDE PREVENTION

[Suicide Prevention Identification Assessment](#)

[VA/DoD Tools and Resources](#)

DoD/VA Guideline

Metrics

Provider Material

Pharmacy Material

Patient Information

Implementation

Tool Kit

Resource Materials

Helpful Links

Go To Another CPG

QMO Home



Clinical Practice Guidelines

<http://www.qmo.amedd.army.mil/mus/mus.htm>

Address  <http://www.qmo.amedd.army.mil/mus/mus.htm>

- DoD/VA Guideline**
- Metrics**
- Provider Material**
- Pharmacy Material**
- Patient Information**
- Implementation**
- Tool Kit**
- Resource Material**
- Helpful Links**
- Go To Another CPG**
- QMO Home**

U.S. Army MEDCOM Quality Management Office

MEDICALLY UNEXPLAINED SYMPTOMS: Chronic Pain and Fatigue

To email comments, questions or concerns regarding this Clinical Practice Guideline, [click here.](#)

VA/DoD Medically Unexplained Symptoms: Chronic Pain & Fatigue **NEW**

Medically Unexplained Symptoms Brochure

The Epic of Gilgamesh **NEW**

[View Poster](#) [View Video](#)

Post-Deployment Health Web Site **NEW**

The objective of this site is to support busy clinicians who are charged with following the post-deployment evaluation and management CPG with a Web-based information repository. This repository will aim to continuously keep clinicians representing a wide range of specialties practicing in a broad array of highly unique military and civilian practice settings abreast of new health knowledge pertaining to any and all United States Armed Forces deployments.

[Click here to go to PDHEALTH Web Site](#)



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Clinical Practice Guidelines

http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm

Address  http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm



CPG Home

- Contact / Feedback
- Order Pocket Guides/Tools

Post Traumatic Stress Disorder

Clinical Practice Guidelines

Office of Quality and Performance

[CPG](#) < PTSD

Guideline Reference		Download Center	
	View Online	word	pdf
OVERVIEW	Information <u>about the PTSD guideline</u>	<input checked="" type="checkbox"/>	
GUIDELINE	Complete <u>guideline online</u> (Interactive site)		<input checked="" type="checkbox"/>
ALGORITHMS	Core Module - <u>Management of Post Trauma Stress</u> Module A1 - <u>Acute Stress Reaction</u> Module A2 - <u>Combat or Ongoing Operation Stress Reaction</u> Module B - <u>ASD/PTSD In Primary Care</u> Module C - <u>ASD/PTSD In Mental Health Specialty</u>		
SUMMARY	CORE - <u>Initial Evaluation and Triage</u> Module A - <u>Acute Stress Reaction (ASR)</u> Combat Ongoing Military Operation Stress Reaction(COSR) Module B - <u>ASD/PTSD in Primary Care</u> Module C - <u>ASD/PTSD in Mental Health Specialty</u> Treatment <u>Interventions</u> for PTSD		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
POCKET CARD	ASR - <u>Acute Stress Reaction</u> [PDF format] ASD/PTSD - <u>Primary Care</u> - [PDF format]		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
KEY POINTS	The <u>key points</u> addressed by the guideline		<input checked="" type="checkbox"/>
Reminders	N/A		
Archive	N/A		
		<input type="button" value="Help"/>	



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